



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number 10/045,545
		Filing Date January 14, 2002
		First Named Inventor Mahin D. Maines
		Group Art Unit 1652
		Examiner Name Sheridan L. Swope
Total Number of Pages in This Submission	3	Attorney Docket Number 176/60981 (6-11402-1001)

ENCLOSURES *(check all that apply)*

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request (combined with Notice of Appeal) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> A copy of the Notice to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures <input checked="" type="checkbox"/> A self-addressed, prepaid postcard for acknowledging receipt <input type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i> _____
		Remarks <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 14-1138 for the above identified docket number.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Edwin V. Merkel Nixon Peabody LLP Clinton Square, P.O. Box 31051 Rochester, New York 14603-1051 Telephone: (585) 263-1128 Fax: (585) 263-1600
Signature	 Registration No. 40,087
Date	

CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]

I hereby certify that this correspondence is being:

- deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450
- transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at (703) _____.

1/15/04

Date

Signature
 Wendy L. Barry
 Typed or printed name

**O I P FEE TRANSMITTAL
FOR FY 2003**

JAN 20 2004 *Patent fees are subject to annual revision.*

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$)

640

<i>Complete if Known</i>	
Application Number	10/045,545
Filing Date	January 14, 2002
First Named Inventor	Mahin D. Maines
Examiner Name	Sheridan L. Swope
Art Unit	1652
Attorney Docket No.	176/60981 (6-11402-1001)

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order Other None

Deposit Account:

Deposit Account Number

14-1138

Deposit Account Name

Nixon Peabody LLP

The Commissioner is authorized to: (check all that apply)

- Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s)
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1001	770	2001 385 Utility filing fee	
1002	340	2002 170 Design filing fee	
1003	530	2003 265 Plant filing fee	
1004	770	2004 385 Reissue filing fee	
1005	160	2005 80 Provisional filing fee	

SUBTOTAL (1) (\$)

0

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
	-20** =		0
Independent Claims	-3** =		0
Multiple Dependent	X		0

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
1202 18	2202 9	Claims in excess of 20
1201 86	2201 43	Independent claims in excess of 3
1203 290	2203 145	Multiple dependent claim, if not paid
1204 86	2204 43	** Reissue independent claims over original patent
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

0

**or number previously paid, if greater; For Reissues, see above

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	
Fee Code (\$)	Fee Code (\$)		
1051	130	Surcharge - late filing fee or oath	
1052	50	Surcharge - late provisional filing fee or cover sheet	
1053	130	Non-English specification	
1812	2,520	For filing a request for <i>ex parte</i> reexamination	
1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	Extension for reply within first month	
1252	420	Extension for reply within second month	
1253	950	Extension for reply within third month	475
1254	1,480	Extension for reply within fourth month	
1255	2,010	Extension for reply within fifth month	
1401	330	Notice of Appeal	165
1402	330	Filing a brief in support of an appeal	
1403	290	Request for oral hearing	
1451	1,510	Petition to institute a public use proceeding	
1452	110	Petition to revive - unavoidable	
1453	1,330	Petition to revive - unintentional	
1501	1,330	Utility issue fee (or reissue)	
1502	480	Design issue fee	
1503	640	Plant issue fee	
1460	130	Petitions to the Commissioner	
1807	50	Processing fee under 37 CFR 1.17(q)	
1806	180	Submission of Information Disclosure Stmt	
8021	40	Recording each patent assignment per property (times number of properties)	
1809	770	Filing a submission after final rejection (37 CFR 1.129(a))	
1810	770	For each additional invention to be examined (37 CFR 1.129(b))	
1801	770	Request for Continued Examination (RCE)	
1802	900	Request for expedited examination of a design application	
Other fee (specify) _____			

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)

640

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1/15/04

Date

Wendy L. Barry
Signature
Wendy L. Barry

Typed or printed name

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Edwin V. Merkel	Registration No. (Attorney/Agent)	40,087	Telephone	(585) 263-1128
Signature	<i>Edwin V. Merkel</i>			Date	January 15, 2004

SEND TO: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450